



Bib Data Sheet

UNITED STATES DEPARTMENT OF COMMERCE  
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|                             |                                   |              |                                |                                    |
|-----------------------------|-----------------------------------|--------------|--------------------------------|------------------------------------|
| SERIAL NUMBER<br>09/489,711 | FILING DATE<br>01/24/2000<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1643<br>1645 | ATTORNEY<br>DOCKET NO.<br>PC10299A |
|-----------------------------|-----------------------------------|--------------|--------------------------------|------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/117,704 01/29/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/22/2000

|                                 |   |              |                    |
|---------------------------------|---|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   |              |                    |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance   |              |                    |
| Verified and Acknowledged       | Examiner's Signature  Initials  |              |                    |
| STATE OR COUNTRY                | SHEETS DRAWING  | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| PA                              | -   | 11           | 2                  |

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## TITLE

Erysipelothrix rhusiopathiae antigens and vaccine compositions

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| FILING FEE RECEIVED<br>820 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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